

**GOVT. OF NCT OF DELHI
OFFICE OF THE MEDICAL SUPERINTENDENT
CHACHA NEHRU BAL CHIKITSALAYA ,GEETA COLONY, DELHI-31.
(Under Maulana Azad Medical College)**

Form for OPEN TENDER 2006-2007

1. Name of the tenderer:
2. Full postal address:
3. Telephone No.
Fax No.
4. Whether the tendering firm is manufacturer of items or supplier.
5. Name of person who are responsible for conduct of business

S.No.	Name	Father's/ Husband's name	Age	Residential Address
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6. Name of Govt. Hospitals/institutions
to which the tenderer already supplied
the items
7. Has the tenderer ever been black

listed by any Govt. agency?

If yes, give details.
8. Are any cases pending in the court
related to any supplies?
If yes, give details (attach separate sheet)
9. Registration No of Sales Tax/VAT
with copy of Registration number
10. PAN NO.
11. Does the firm have the adequate
facilities to check the quality?
12. Tenderer should enclose the required documents
as per checklist enclosed here with.

I, _____prop. /partner/Director of M/s

_____ hereby declare that the information given in this form is true & correct to the best of my knowledge & belief.

I offer to supply the items mentioned in the schedule (enclosed in price bid) at the rates quoted therein. I agree to hold this offer for one year and extended period, if any, after finalization of rate contract.

Yours faithfully

Dated:

Signature _____

Name of tenderer _____

Address _____

Telephone No. _____

WARNING: - If information furnished in this form is found incorrect, the tender will be rejected and further tenderer will be black listed.